



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION VII SITE NUMBER (to be assigned by Hq)
KS-000010089

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Oswalt Div., Butler Mfg. Co.		B. STREET (or other Identifier) N. Hwy. 83	
C. CITY Garden City	D. STATE KS	E. ZIP CODE 67846	F. COUNTY NAME Finney
G. OWNER/OPERATOR (if known) 1. NAME Butler Mfg. Co., Owsalt Division			2. TELEPHONE NUMBER 316-275-6101
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Paint sludge dumped on ground from 1970-1980.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Superfund notification			K. DATE IDENTIFIED (mo., day, & yr.) 6/81
L. PRINCIPAL STATE CONTACT 1. NAME J.P. Goetz			2. TELEPHONE NUMBER 913-862-9360

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: 1st quarter of 1982 b. WILL BE PERFORMED BY: KDHE <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME V. Kamath	2. TELEPHONE NUMBER 913-862-9360	3. DATE (mo., day, & yr.) 12/22/81

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). Disposal discontinued <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3523	
C. AREA OF SITE (in acres) 5000 sq. feet	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Plant and office.	

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate box.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATMENT	<input checked="" type="checkbox"/> D. DISPOSAL
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. SURFACE IMPOUNDMENT
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. INCINERATION	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Paint sludge disposed on the open ground from 1970 to 1980. Apparently the solvents have evaporated.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS		
<input type="checkbox"/> (2) METALS SLUDGES		<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS		
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS		
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES		
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS		
			<input type="checkbox"/> (6) CYANIDE		
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Heavy metals

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY	X			
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA	X			
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS REQUIRED BY THE SITE.

none

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☒ B. YES (summarize below)
 General waste management practices

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Survey	4/16/80	state	hazardous waste survey

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Clean up initiated	8/18/80	state	Clean up of improper waste disposal and improving waste management practices.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.